

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10065480

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51		/			
2		/					52		/			
3		/					53		/			
4		/					54		/			
5		/					55		/			
6		/					56		/			
7		/					57		/			
8		/					58		/			
9		/					59		/			
10		/					60		/			
11		/					61		/			
12		/					62		/			
13		/					63		/			
14		/					64		/			
15		/					65		/			
16		/					66		/			
17		/					67		/			
18		/					68		/			
19		/					69		/			
20		/					70		/			
21		/					71		/			
22		/					72		/			
23		/					73		/			
24		/					74		/			
25		/					75		/			
26		/					76		/			
27		/					77		/			
28		/					78		/			
29		/					79		/			
30	/						80		/			
31		/					81		/			
32		/					82		/			
33		/					83		/			
34		/					84		/			
35		/					85		/			
36		/					86		/			
37		/					87		/			
38		/					88		/			
39		/					89		/			
40		/					90		/			
41		/					91		/			
42		/					92		/			
43		/					93		/			
44		/					94		/			
45		/					95		/			
46		/					96		/			
47		/					97		/			
48		/					98		/			
49		/					99		/			
50		/					100		/			
TOTAL IND.							TOTAL IND.	2				
TOTAL DEP.							TOTAL DEP.	61				
TOTAL CLAIMS							TOTAL CLAIMS	63				